INDOOR AIR SAMPLE INFORMATION

Contact Name (person providing data): _____
Date: _____
Address: _____
_____
_____
Phone: _____ **Email:** _____

Building address where data were collected:
_____
_____
_____

Sample Collection Information (using stainless steel canisters only):

Sample I.D.	Analytical Method*	Sample Date	Time On	Initial Vacuum (in Hg)	Time Off	Final Vacuum (in Hg)	Floor	Room

*** please attach laboratory reports**

<u>Weather Conditions During Sampling</u>:

Outside Temperature (^{o}F):
Prevailing wind direction: _____
Describe the general weather conditions (e.g., sunny, cloudy, rain): _____
Was there any significant precipitation (0.1 inches) within 12 hours preceding the sampling event? _____
Type of ground cover (e.g., grass, pavement, etc.) outside the building: _____

Are the analytical data related to a disposal site? If so, list chemicals of concern that were potentially related to the disposal site and explain the relationship of the disposal site to indoor air sample location(s).

For the remainder of this form, where applicable, please circle, mark "X", highlight or otherwise indicate any/all appropriate responses.

Building Construction Characteristics:

What type of building?

Single Family	Multiple Family	School	Commercial
Ranch	2-Family		
Raised Ranch	Duplex		
Cape	Apartment House		
Colonial	# of units ____		
Split Level	Condominium		
Mobile Home	# of units ____		
Other (specify) _____	Other (specify) _____		

General description of building construction materials: _____
_____

How many occupied stories does the building have? _____

Has the building been weatherized with any of the following?
Insulation Storm Windows Energy-Efficient Windows Other (specify) _____

What type of basement does the building have?
Full basement Crawlspace Slab-on-Grade Other (specify) _____

What are the characteristics of the basement?

Finished	Basement Floor:	Foundation Walls:	Moisture:
Unfinished	Concrete	Poured Concrete	Wet
	Dirt	Block	Damp
	Other (specify) _____	Layed Up Stone	Dry

Does the basement have any of the following characteristics (i.e., preferential pathways into the building)?

Cracks	Pipes/Utility Conduits	Other (specify) _____
Sump pump	Foundation/slab drainage	

Heating and Ventilation System(s) Present:

What type of heating system(s) is used in this building?

Hot Air Circulation	Heat Pump	Steam Radiation	Wood Stove
Hot Water Circulation	Electric Baseboard	Hot Air Radiation	Unvented Kerosene heater
Other (specify):			

What type (s) of fuel(s) are used in this building?
Natural Gas Electric Coal Other (specify): _____
Fuel Oil Wood Solar

What type of mechanical ventilation systems are present in the building?

Central Air Conditioning	Mechanical Fans	Bathroom Ventilation Fan
Individual Air Conditioning Units	Kitchen Range Hood	Air-to-Air Heat Exchanger
	Open Windows	Other (specify): _____

Sources of Chemicals:

Which of these items were present in the building during or within 48 hours prior to sample collection?

Potential VOC Source	Location of Source	
Paints or paint thinners		
Gas-powered equipment		
Gasoline storage cans		
Cleaning solvents		
Air fresheners		
Oven cleaners		
Carpet/upholstery cleaners		
Hairspray		
Nail polish/polish remover		
Bathroom cleaner		
Appliance cleaner		
Furniture/floor polish		
Moth balls		
Fuel tank		
Wood stove		
Fireplace		
Perfume/colognes		
Hobby supplies (e.g., solvents, paints, lacquers, glues, photographic darkroom chemicals)		
Scented trees, wreaths, potpourri, etc.		
Other		
Other		

Does the building have an attached garage?

If so, is a car usually parked in the garage?

Was there any recent remodeling or painting done in the building? If so, when?

Are there any recently installed pressed wood products in the building (e.g., plywood wall paneling, particleboard, fiberboard)? If so, when were they installed?

Are there any new upholstery, drapes or other textiles in the building? If so, when were they installed?

Has the building been treated with any insecticides/pesticides? If so, what chemicals are used and how often are they applied?

Please list the occupations of the building's occupants:

Do one or more smokers occupy the building on a regular basis?

Do the occupants of the building frequently have their clothes dry-cleaned?

Did any of the occupants pump or pour gasoline in the last 24 hours before sampling?

Do any of the occupants apply pesticides/herbicides in the yard or garden? If so, what chemicals are used, how often are they applied, and where are they stored?

Outdoor Chemical Sources:

Is there any stationary emission source in the vicinity of the building?

Are there any mobile emission sources (e.g., highway; bus stop; high-traffic area) in the vicinity of the building?

Other Comments:

Is there any other information about the structural features of this building, the habits of its occupants or potential sources of chemical contaminants to the indoor air that may be relevant in facilitating the evaluation of the data as representative of chemical concentrations found in typical indoor air?